The Centre for Fitness, Health and Performance

The Jaw & Facial Pain Centre

Patient Referral Form

1 St. Clair Ave East, Suite 1001
Toronto, ON - M4T 2V7
Phone: 416-972-6279
www.cffhp.com / www.thejawcentre.com

Patient Name: _____

Phone Number: _____

Email (with consent): _____

Referred By: _____

Primary Complaint: _____

Notes: _____

_____

Patient's Preferred Contact: ☐ Phone ☐ Email

CHIROPRACTOR

- ☐ **Any Practitioner**
- ☐ Dr. Sidney Lisser
- ☐ Dr. Merrill Ong
- ☐ Dr. Sam Yaghmour
- ☐ Dr. Brett Guist
- ☐ Dr. Brittany Kucharski
- ☐ Dr. Amelia Edmonds
- ☐ Dr. Alexandra Earle
- ☐ Dr. Yolande Truong
- ☐ Dr. Joyce Magat

PHYSIOTHERAPIST

- ☐ **Any Practitioner**
- ☐ Colby Bucci

NATUROPATH

- ☐ **Any Practitioner**
- ☐ Dr. Sandy Huynh

REG. MASSAGE THERAPIST

- ☐ **Any Practitioner**
- ☐ Cathy Donkersley
- ☐ Josh Bromley
- ☐ Tu Anh Luong
- ☐ Henry Xu
- ☐ Haiyan Li

PLEASE EMAIL OR FAX THIS REFERRAL TO:

Email: clinic@cffhp.com • Fax: 416-972-0351